DEPARTMENT OF HEALTH SERVICES

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June 21, 1994

TO: All County Welfare Directors
All County Administrative Officers
All County Medi-Cal Program Specialists/Liaisons

Letter No.: 94-50

HEALTH INSURANCE SYSTEM COUNTY ACCESS

The Health Insurance System (HIS) is a Medi-Cal Eligibility Data System (MEDS)-linked data base containing health insurance information for Medi-Cal beneficiaries. Effective February 1, 1994 counties have access to view the HIS file via MEDS. Change and update capabilities will not be available to county staff. The insurance information should be useful in responding to beneficiary inquiries and in identifying insurance carriers.

The enclosed descriptions of each transaction and data elements has been prepared by the Department's Health Insurance Section and will be added to the MEDS manual. Please direct any questions to Ms. Chari Hug of the Health Insurance Section at (916) 327-0492.

Sincerely,

ORIGINAL SIGNED BY

Frank S. Martucci, Chief
Medi-Cal Eligibility Branch

Enclosures

HEALTH INSURANCE SYSTEM (HIS)

I.   Logging Onto The HIS

    A.   Logon to MEDS

        1.   Hit the Clear Key

        2.   Type "HIAR" and hit enter to access the Health Insurance Systems Action Request Menu.

        3.   From the Action Request Menu you are able to select: "F" = Carrier Master File (CMF) Menu, "V" = View Insurance Segment, and the "I" = Inquire OHC Code Calendar. (See example 1).

    B.   View Insurance Segment. (Option V)

        1.   From the Action Request Menu (see example #1) select option"V".

        2.   Enter the Beneficiary SSN. *

        3.   The View HIS Information screen allows you to view the beneficiary insurance segments.

            a.   If there is more than one segment and you would like to view them, follow the instructions at the bottom of the screen.

            *   If the MEDS record is not found, an error message reading "SSN Not Found On MEDS" will appear on the screen.

    C.   Data Elements Description of the view HIS Information Screen.

        1.   Line 1

            a.   Beneficiary name

            b.   Date of Birth

            c.   Social Security Number

2. Line 2

    a. Sex

    b. County I.D.

3. Line 3

    a. Street Address

    b. Pending Month OHC

    c. Case Name

4. Line 4

    a. City, State, Zip Code

    b. Current Month OHC

    c. HIC No.: Health Insurance Claim Number.

        Note: These data elements (beneficiary name, address, date of birth, SSN/MEDS-ID, sex, Cnty-ID, HIC-No., current and pending OHC code) are pulled from the MEDS record.

5. Line 5

    a. Beneficiary phone number

    b. County Eligibility Worker phone number

        Note: Beneficiary and Eligibility Worker phone numbers are entered onto the HIS by DHS staff.

6. Line 6

    a. HIQ (6155a) - a "Y" code in this field will mail out a DHS 6155A at months end, a "P" code in this field will mail out a DHS 6155A in 90 days, a "R" code in this field indicates a response was received on the date indicated.

    b. HIQ date - Mailout response date for the DHS 6155a.

    c. OHC letter - Other health coverage letter mailing date. (not used).

7. Line 7

    a.   Segment type - Indicates the status of a segment when using the View Insurance Segment options, "1" = Active Segment, "9" = Suspended Segment (suspended by DHS staff), "8" = Suspended Segment (this is a system generated suspense code.) Both suspense codes require DHS review.

    b.   Insurance segment and additional segments - The element "seg of" indicates the number of segments in relation to the total number of segments this beneficiary has.

    c.   Follow-up flag - a "Y" in this field indicates that there is follow-up information on fiche.

8. Line 8

    a.   Last change date - Date is derived from the transaction header of last update transaction.

    b.   Transaction type - Transaction type "A" = add, "C" = change, "V" = view, "L" = letter.

    c.   OPR - Health Insurance Section operator ID of last operator to update this insurance segment.

9. Line 9

    a.   Beneficary status - "R" = retiree, "S" = student, "L" = seasonal, "E" = active/employee.

    b.   Relationship to policy holder - "P" = self, "S" = spouse, "D" = dependent, "O" = other.

    c.   Dependent CVG Available - "Y" = yes, "S" = no.

10. Line 10

    a.   Carrier - Insurance carrier name from the HIS Carrier Master File.

    b.   City - City in which insurance company is located. Derived from the HIS Carrier Master File.

c. Code - The four digit code that corresponds to the carrier listed under carrier name. This is the Carrier Master File record key and is assigned by DHS staff.

11. Line 11

   a. Policyholder name

   b. Policyholder SSN

12. Line 12

   a. Policyholder c/o address

   b. Policyholder street address

13. Line 13

   a. Policyholder city/state

   b. Policyholder zip code

   c. Policyholder phone

14. Line 14

   a. Insurance policy number

   b. Absent parent insurance - a "Y" in this field indicates that the source of insurance coverage is from an absent parent, a "G" in this field indicates that the absent parent segment was suspended for good cause.

15. Line 15

   a. Policy start date - this is the date that insurance policy became effective if known, otherwise the system generates date of onset of Medi-Cal eligibility or three years prior to the segment add date, whichever is most recent.

   b. Policy stop date if known. The system will generate a future date if one is not entered. Currently the system is using December 31, 1999.

c. Termination reason - a "H" indicates segment terminated by DHS/HIS, a "O" indicates termination by any other source.

16. Line 16

   a. Union name

   b. Local number

17. Line 17

   a. Employer group

   b. Employer group number

18. Line 18

   a. Employer c/o address

   b. Employer street address

19. Line 19

   a. Employer city/state

   b. Employer zip code

   c. Employer phone number

20. Line 20

   a. Source of Information - The information contained in this field identifies from whom DHS received the other coverage information.

      a-1 Possible selections include:

HIQ	- DHS 6155 (county)
HIQA	-DHS 6155A (state)
IEX	- Insurance Data Match
MEDS	- Medi-Cal Eligibility Data System
SSA	- Social Security Administration
MIF/DA	- District Attorney
Bene	- Beneficiary
CWD	- County Welfare Department

Carrier	- Insurance Company
Provider	- Physician, pharmacy, etc.
HIPD	- Health Insurance Payment Demand
HIU	- Health Insurance Unit

    b.   Scope of Coverage identifies what type(s) of service is available under the policy.

        b-1   Possible values are:

"O"	- Hospital Outpatient
"M"	- Medical Services
"P"	- Prescription Drugs
"V"	- Vision Care
"I"	- Hospital Inpatient
"L"	- Long Term Care
"D"	- Dental Care

21.   Line 21

    Action - Enter: "N" for Next Segment
                      "P" for Prior Segment
                      "H" for Action Request Menu

D.   Inquire OHC Code Calendar

    1.   From the Action Request Menu (see example #1) select option "I", hit enter.

    2.   Enter the beneficiary SSN to find a matching MEDS records. If no MEDS record is found, an error message will appear at the bottom of the Action Request Menu screen. If a record is found, the program will read the MEDS record and then search the HIS Master File. If a matching record is found the Inquiry screen will appear. (see example #3).

    3.   Once the Inquiry screen is displayed, the operator can change the SSN and bring up the Inquiry screen for additional beneficiary information.

E.   Inquire OHC Code Calendar data elements.

1. Line 1

   a. Case name

   b. Date of birth

   c. Social Security Number

2. Line 2

   a. Address

   b. Sex

   c. County-ID

3. Line 3

   Case name

4. Line 4

   HIC No. - (Health Insruance Claim Number)

5. Line 5

   a. Pending OHC

   b. Beneficiary phone number

6. Line 6

   Card Coded Calendar - The purpose of this screen is to provide a view of up to 36 months of history for other coverage, Medicare status and Scope of Coverage for Medi-Cal beneficiaries.

7. Line 7

   a. mmyy - Month and year of coverage.

   b. OHC - Other health coverage.

      b-1 Other Health Coverages Codes.

           "Blank"   = none

"A"	= Carrier unspecified
"B"	= Blue Cross
"C"	= Champus
"D"	= Prudential
"E"	= Aetna
"G"	= American General
"H"	= Mutual of Omaha
"I"	= Metropolitan Life
"J"	= John Hancock Mutual Life
"K"	= Kaiser
"L"	= Dental Coverage only
"M"	= Multiple Coverage
"N"	= No Other Coverage
"O"	= Medicare
"P"	= Any Other PHP/HMO
"Q"	= Equicor/Equitable
"S"	= Blue Shield
"T"	= Travelers
"U"	= Connecticut General (CIGNA)
"V"	= Coverage other than those specified
"W"	= Great West Lif Assurance
"X"	= Blue Shield
"Z"	= Blue Cross
"2"	= Provident Life & Accident
"3"	= Principal Financial Group
"4"	= Pacific Mutual Life Insurance
"5"	= Alta Health Strategies, Inc.
"6"	= American Association of Retired Person (AARP)
"8"	= New York Life Insurance

c.   MCS = Medicare status-Part A only, Part B only, Part A&B

d.   CMBND-SCOPE = Combined scope of coverage from all applicable insurance companies.

8.   Line 8-19

     a.   Month and year of coverage - four digits

     b.   OHC code (see above)

c.   MCS

            d.   CMBND Scope = Combined scope of coverage codes

      9.   Line 20

            Action - Enter SSN to view new record, or "H" = Return to Menu;
            Clear = Exit

F.   Carrier Master File Menu (option F)

      1.   From the Action Request Menu (see example #1) select option "F",
            hit enter.

      2.   From the Carrier Master File Menu (see example #4) select option "V" for
            "View Carrier Record".

            a.   Carrier code - This is a 4 digit code assigned by DHS to identify
                  specific carriers by billing address. The carrier code is found in
                  each recipient's HIS insurance segment,
                              or
            b.   Carrier name - Minimum of first three letters of name,
                              or
            c.   Carrier city - Minimum of first three letters of city,
                              or
            d.   The only other options "H", which will return you to the HIS
                  menu.

      3.   Using Carrier Name option will provide you with an alphabetical listing of
            all carriers identified. (see example #5)

            a.   Header information -

                  1.   Carrier name

                  2.   Carrier code

                  3.   Carrier address

                  4.   Carrier city

                  5.   Carrier state

                        Note: Enter "V" next to the carrier name to view a specific
                        record from the list.

9

4.   Using City option - This option will provide you with an alphabetical listing by city for all carriers. (see example #6)

    a.   Header information - *

        1.   Carrier name

        2.   Carrier code

        3.   Carrier address

        4.   Carrier city

        5.   Carrier state

        * Enter "V" next to the carrier name to view a specific record from the list.

G.   View Carrier Record data elements description. (see example #7)

    1.   Line 1

        a.   Carrier code

        b.   Carrier name

    2.   Line 2

        Address (In Care Of)

    3.   Line 3

        Street

    4.   Line 4

        P.O. Box

    5.   Line 5

        a.   City

        b.   State

        c.   Zip Code

6.   Line 6

    a.   Attention

    b.   Carrier phone number

7.   Line 7

    a.   Last change date

    b.   Status code - "H" = HMO; "A" = Active, "P" = Suspended

8.   Line 8

    a.   Tape Billing Flag - not currently being used by DHS

    b.   Tape Response Flag - not currently being used by DHS

9.   Line 9

    a.   Footnote indicating information for DHS use only.

    b.   Trans type - shows that you are on "V" for view.

10.   Line 10

Additional information on carrier used by DHS staff only.

11.   Line 11

Action - "C" = Return to carrier menu to view a different carrier, "H" = Return to HIS menu, "U" = N/A.

WELCOME TO THE HEALTH INSURANCE SYSTEM (HIS)

ENTER OPTION: A = ADD BENEFICIARY/INSURANCE INFORMATION
                       C = CHANGE BENEFICIARY/INSURANCE INFORMATION
                       F = CARRIER MASTER FILE MENU
                       I = INQUIRE OHC CODE CALENDAR
                       L = GENERATE 6155A LETTER
                       O = OC30 TRANSACTION
                       Q = AUTO-OC30 TRANSACTION GENERATOR
                       V = VIEW INSURANCE SEGMENT

       MEDS-ID: (REQUIRED FOR OPTIONS A, C, I, L, Q, V)

CARRIER CODE: (REQUIRED FOR OPTION A)

       PF12 = MEDS INQUIRY
       CLEAR = EXIT

Example 1

```
          ***  VIEW HIS INFORMATION  ***              ZKZ - 09/07/
HARTMAN        , MARY      M     DOB:  05-22-1915    SSN:  287 09 7127
                                SEX:  F          CNTY-ID:
                                PND-OHC:         CASENAME:
                                CUR-OHC:           HIC-NO:
   BENE-PHONE:  (    )                    CNTY-EW-PHONE:  (    )
   HIQ6155A?  M    HIQDATE:                   OHC-LETTER:
   SEGMENT TYPE: INSURANCE 1    SEG 01 OF 01   FOLLOWUP-FLAG:
          LAST-CHANGE-DATE:  06-25-1992    TRANS-TYPE:  V    OPR:  RH
   BENE-STATUS:       RELATIONSHIP TO P.H.:   DEPENDENT-CVG-AVAIL?:
   CARRIER:  NATIONAL LIBERTY GROUP      CITY: VALLEY FORG   CCODE: N172
POLICY-HOLDER NAME: LAST HARTMAN      FIRST MARY      M PH-SSN: 287 09 71
   C/O ADDR:                       STREET ADDR:
   CITY/STATE:               ZIP:         PH-PHONE:  (    )
   POLICY-NO: 4V88504                 ABS-PARENT-INS? (Y/G):
   POLICY START DATE:  04 01 1988   STOP DATE:  05 31 1991    TERM-REAS:
UNION NAME:                        LOCAL NO:
EMPLYR/GRP:                       EMPL/GRP NO:
   C/O ADDR:                     STREET ADDR:
   CITY/STATE:               ZIP:          PHONE:  (    )
          SOURCE OF INFO: SCOP      SCOPE OF COVERAGE: OIMLP V
ACTION:     (N=NEXT SEG, P=PREV SEG, H=MENU, I=INQUIRY *** PRESS CLEAR TO EXIT
```

Example 2

HARTMAN   , MARY   M   DOB: 05/22/1915   SSN: 287 09 7127
                                 SEX: F   CNTY-ID:
                                                  CASENAME:
                                                    HIC-NO:
                              PENDING OHC: PHONE:

------------------------- CARD CODING CALENDAR -----------------------------

MMYY	OHC	MCS	CMBND-SCOPE	MMYY	OHC	MCS	CMBND-SCOPE	MMYY	OHC	MCS	CMBND-SCOPE
0993				0992				0991		31	
0893				0892				0891		31	
0793				0792				0791		31	
0693				0692				0691		31	
0593				0592	A	31		0591	A	32	OIMLP V
0493				0492		31		0491	A	32	OIMLP V
0393				0392		31		0391	A	32	OIMLP V
0293				0292		31		0291	A	32	OIMLP V
0193				0192		31		0191	A	32	OIMLP V
1292				1291		31		1290	A	32	OIMLP V
1192				1191		31		1190	A	32	OIMLP V
1092				1091		31		1090	A	32	OIMLP V

ACTION: (ENTER SSN TO VIEW NEW RECORD ; H = MENU ; V = VIEW ; CLEAR = EXIT)

Example 3

SELECT ACTION: V

                            V = VIEW CARRIER RECORD
                            A = ADD CARRIER RECORD
                            C = CHANGE CARRIER RECORD
                            H = RETURN TO HIS MENU

ENTER ONE OF THE FOLLOWING FOR VIEW OR ENTER CARRIER CODE FOR ADD OR CHANGE

            CARRIER CODE k998

                    OR

            CARRIER NAME

                    OR

            CITY

H207 CARRIER CODE, CARRIER NAME, OR CITY MUST BE ENTERED

        Example 4

	CARRIER NAME	CODE	ADDRESS	CITY	STA
_	BLUE CROSS	B042	2101 WEBSTER ST	OAKLAND	CA
_	BLUE CROSS	B061	PO BOX 697	PITTSBURGH	PA
_	BLUE CROSS	B199	70 NORTH MAIN ST	WILKES BARRE	PA
_	BLUE CROSS	B206	1221 HAMILTON STREET	ALLENTOWN	PA
_	BLUE CROSS	Z151	SEVERAL - ALL ADDRES	SEVERAL - ALL C	CA
_	BLUE CROSS & BLUE SHIELD	B044	636 GRAND AV	DES MOINES	IA
_	BLUE CROSS & BLUE SHIELD	B045	100 HANCOCK ST	N QUINCY	MA
_	BLUE CROSS & BLUE SHIELD	B046	PO BOX 247	NEWARK	NJ
_	BLUE CROSS & BLUE SHIELD	B047	PO BOX 2181	LITTLE ROCK	AR
_	BLUE CROSS & BLUE SHIELD	B049	PO BOX 1798	JACKSONVILLE	FL
_	BLUE CROSS & BLUE SHIELD	B050	P O BOX 9907	COLUMBUS	GA
_	BLUE CROSS & BLUE SHIELD	B051	PO BOX 1364	CHICAGO	IL
_	BLUE CROSS & BLUE SHIELD	B052	150 E MAIN ST	ROCHESTER	NY
_	BLUE CROSS & BLUE SHIELD	B053	PO BOX 504	NORTH HAVEN	CT
_	BLUE CROSS & BLUE SHIELD	B055	PO BOX 1680	INDIANAPOLIS	IN
_	BLUE CROSS & BLUE SHIELD	B056	PO BOX 419169	KANSAS CITY	MO
_	BLUE CROSS & BLUE SHIELD	B057	PO BOX 98	MEMPHIS	TN

ENTER V IN THE LEFT COLUMN TO VIEW A RECORD FROM THE LIST
ACTION: _ (C = CARRIER MENU   H = HIS MENU   N = NEXT   T = TOP OF LIST)
H209 PRESS ENTER TO VIEW MORE CARRIERS.

Example 5

	CARRIER NAME	CODE	ADDRESS	CITY	STA
_	ASSOCIATED AMERICAN	A411	PO BOX 5300	SALT LAKE CITY	UT
_	ALTA HEALTH/FIRST HEALTH	A478	PO BOX 211000	SALT LAKE CITY	UT
_	ALTA HEALTH/FIRST HEALTH	A481	PO BOX 17377	SALT LAKE CITY	UT
_	ALTA HEALTH/FIRST HEALTH	A526	PO BOX 30955	SALT LAKE CITY	UT
_	ALTA HEALTH/FIRST HEALTH	A542	PO BOX 30906	SALT LAKE CITY	UT
_	ALTA HEALTH/FIRST HEALTH	A568	PO BOX 27648	SALT LAKE CITY	UT
_	ALTA HEALTH/FIRST HEALTH	A575	PO BOX 30906	SALT LAKE CITY	UT
_	ALTA HEALTH/FIRST HEALTH	A642	PO BOX 17376	SALT LAKE CITY	UT
_	ALTA HEALTH/FIRST HEALTH	A655	PO BOX 27317	SALT LAKE CITY	UT
_	ALTA HEALTH/FIRST HEALTH	A674	PO BOX 30120	SALT LAKE CITY	UT
_	ALTA HEALTH/FIRST HEALTH	A694	PO BOX 30085	SALT LAKE CITY	UT
_	ALTA HEALTH/FIRST HEALTH	A698	PO BOX 30110	SALT LAKE CITY	UT
_	BLUE CROSS & BLUE SHIELD	B107	PO BOX 30270	SALT LAKE CITY	UT
_	BLUE CROSS & BLUE SHIELD	B418	PO BOX 25956	SALT LAKE CITY	UT
_	DESERET MUTUAL	D074	PO BOX 45530	SALT LAKE CITY	UT
_	EQUITABLE LIFE & CASUALTY	E047	PO BOX 2460	SALT LAKE CITY	UT
_	ELECTRIC MUTUAL BENEFIT T	E178	PO BOX 27008	SALT LAKE CITY	UT

ENTER V IN THE LEFT COLUMN TO VIEW A RECORD FROM THE LIST
ACTION: _   (C = CARRIER MENU   H = HIS MENU   N = NEXT   T = TOP OF LIST)
H209 PRESS ENTER TO VIEW MORE CARRIERS

Example 6

CARRIER CODE: K998   CARRIER NAME: KAISER PERMANENTE HEALTH PLAN
                                          HMO

ADDRESS: (IN CARE OF) NORTHERN & SOUTHERN CAL REGION
         (STREET)   815 COLORADO BLVD 4TH FL
         (PO BOX)

CITY: LOS ANGELES   STATE: CA   ZIP CODE: 90041

ATTENTION: PH: (408) 972 - 3020

LAST CHANGE DATE: 03/24/1993   STATUS CODE: H

TAPE BILLING FLAG: TAPE RESPONSE FLAG: OHC CODE: K

FOOTNOTE: IOMPV - LTC ONLY IF IN PLAN   TRANS TYPE   V
          SOUTHERN CAL-213-857-2602

ACTION: (C = RETURN TO CARRIER MENU, H = RETURN TO HIS MENU)
            (U = CALL CHANGE SCREEN)   ENTER RETURNS TO LIST OR MENU

Example 7